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EXAMINER

COBANOGLU, DILEK B

ART UNIT

PAPER NUMBER

3626

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Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No. 09/925,781	Applicant(s) DUTTA ET AL.	
	Examiner Dilek B. Cobanoglu	Art Unit 3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 02/02/2006.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-37 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-37 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|---|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152) |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
Paper No(s)/Mail Date <u>11/01/2004</u> . | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

1. Claims 1-37 have been examined.

Claim Rejections - 35 USC § 103

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

3. Claims 1-5 and 7-37 are rejected under 35 U.S.C. 103(a) as being unpatentable over Barber et al. (U.S. Patent No. 4,858,121) in view of Rozen et al. (U.S. Patent No. 6,073,106).

A. As per claim 1, Barber et al. discloses a method of providing patient medical financial information through a networked connection comprising:

- i. receiving a patient medical financial information at an aggregate medical server (Barber et al.; abstract and col. 1, line 61 to col. 2, line 9);
- ii. formatting the patient medical financial information into a requester readable data format (Barber et al.; abstract and col. 2, lines 6-9); and
- iii. sending a portion of the formatted patient medical financial information to the requestor (Barber et al.; abstract and col. 2, lines 1-9) based on the patient access instructions and the access request, if the patient access instructions correspond with the patient access request.

Barber et al. fails to expressly teach the receiving patient access instructions, receiving an access request from a requester at the aggregate medical server and determining whether the access request corresponds with the patient access instructions per se, since it appears that Barber et al. is more directed to verifying the physician, patient and insurance company identifications. However, this feature is well known in the art, as evidenced by Rozen et al. In particular, Rozen et al. discloses receiving patient access instructions, receiving an access request from a requester at the aggregate medical server and determining whether the access request corresponds with the patient access instructions (Rozen et al.; col. 4, lines 33-65).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the verifying the physician, patient and insurance company identifications with the receiving patient access instructions, receiving an access request from a requester at the aggregate medical server and determining whether the access request corresponds with the patient access instructions with the motivation of insuring integrity and privacy of the information exchange (Rozen et al; col. 6, lines 9-11).

B. As per claim 2, Barber at al. discloses the method of claim 1 further comprising:

- i. sending the medical financial information to an insurance server (Barber et al.; col. 2, lines 6-8);
- ii. receiving modified medical financial information from the insurance server at the aggregate medical server (Barber et al.; abstract and col. 3, line 60 to col. 4, line 10); and
- iii. formatting the modified medical financial information (Barber et al.; abstract and col. 3, line 60 to col. 4, line 10).

C. As per claim 3, Barber et al. discloses the method of claim 2 wherein the modified medical financial information comprises members selected from a group consisting of: an insurance payment, a patient co-payment, portions of a patient medical charge, an allowed medical charge, a discount applied and the amount due by a patient of the patient medical charge (Barber et al.; col. 3, line 60 to col. 4, line 10).

D. As per claim 4, Barber et al. discloses the method of claim 1 wherein the requestor is selected from a group consisting of a patient and a third party authorized by the patient to request patient medical financial information (Barber et al.; col. 14, lines 13-26).

E. As per claim 5, Barber et al. discloses the method of claim 1 wherein the requestor readable data format comprises a patient readable format (Barber et al.; col. 2, lines 6-9).

F. As per claim 7, Barber et al. discloses the method of claim 1 further comprising: an agent in communication with the aggregate medical server,

wherein the agent software is capable of providing tax related information based on patient medical financial information received at the agent (Barber et al.; col. 4, lines 20-34).

G. As per claim 8, Barber et al. discloses the method of claim 7 wherein the agent resides at a patient PC (Barber et al.; col. 4, lines 30-34).

H. As per claim 9, Barber et al. discloses the method of claim 7 wherein the agent resides on the medical aggregate server (Barber et al.; col. 4, lines 30-34).

I. As per claim 10, Barber et al. discloses the method of claim 1 further comprising: providing a hyperlink to the aggregate server wherein the hyperlink comprises the access request (Barber et al.; col. 2, lines 26-31).

The obviousness of modifying the teaching of Barber et al. to include the receiving an access request from a requester at the aggregate medical server (as taught by Rozen et al) is as addressed above in the rejection of claim 1 and incorporated herein.

J. As per claim 11, Barber et al. discloses the method of claim 10.

Barber et al. fails to expressly teach a hyperlink which is provided on a web site for access by the requestor per se, since it appears that Barber et al. is more directed to a plurality of physician terminals are interconnected with a central processing system which verifies the physician, patient and insurance company identifications (Barber et al.; col. 1, lines 63-65 and col. 3, lines 51-

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53). However, this feature is well known in the art, as evidenced by Rozen et al.

In particular, Rozen et al. discloses a hyperlink, which is provided on a web site for access by the requestor (Rozen et al.; col. 5, lines 31-41).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the a plurality of physician terminals are interconnected with a central processing system which verifies the physician, patient and insurance company identifications with the a hyperlink, which is provided on a web site for access by the requestor with the motivation of insuring integrity and privacy of the information exchange (Rozen et al; col. 6, lines 9-11).

K. As per claim 12, Barber at al. discloses the method of claim 1 wherein determining whether the access request corresponds with the patient access instructions further comprises implementing at least one security feature.

The obviousness of modifying the teaching of Barber et al. to include the access request from a requester at the aggregate medical server (as taught by Rozen et al) is as addressed above in the rejection of claim 1 and incorporated herein.

L. As per claim 13, Barber at al. discloses the method of claim 12.

Barber et al. fails to expressly teach the security feature is selected from a group consisting of a user password, a public key cryptograph, a digital signature, and an XML based security standard per se, since it appears that Barber et al. is more directed to a plurality of physician terminals are interconnected with a central processing system which verifies the physician, patient and insurance company identifications (Barber et al.; col. 1, lines 63-65 and col. 3, lines 51-53). However, this feature is well known in the art, as evidenced by Rozen et al.

In particular, Rozen et al. discloses the security feature is selected from a group consisting of a user password, a public key cryptograph, a digital signature, and an XML based security standard (Rozen et al.; col. 5, lines 43-57).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the a plurality of physician terminals are interconnected with a central processing system which verifies the physician, patient and insurance company identifications with the security feature is selected from a group consisting of a user password, a public key cryptograph, a digital signature, and an XML based security standard with the motivation of insuring integrity and privacy of the information exchange (Rozen et al; col. 6, lines 9-11).

M. As per claim 14, Barber et al. discloses the method of claim 1 further comprising: verifying a portion of the patient medical financial information with an outside server (Barber et al.; col. 15, lines 37-44).

N. As per claim 15, Barber et al. discloses the method of claim 14 wherein verifying the portion of the patient medical financial information comprises determining a patient eligibility (Barber et al.; col. 13, line 64 to col. 14, line 12).

O. As per claim 16, Barber et al. discloses the method of claim 1 further comprising: updating the patient medical financial information (Barber et al.; col. 7, lines 23-29).

P. As per claim 17, Barber et al. discloses the method of claim 1 wherein the patient medical financial information is selected from a group consisting of a name, a social security number, a plan number, personal information, medical history information, medical claims information, prescription information, insurance company information, billing information, and health provider information (Barber et al.; col. 4, lines 57-65).

Q. As per claim 18, Barber et al. discloses the method of claim 1 wherein the access information comprises level authorization information.

Barber et al. fails to expressly teach the access information comprises level authorization information per se, since it appears that Barber et al. is more directed to a plurality of physician terminals are interconnected with a central processing system which verifies the physician, patient and insurance company

identifications (Barber et al.; col. 1, lines 63-65 and col. 3, lines 51-53). However, this feature is well known in the art, as evidenced by Rozen et al.

In particular, Rozen et al. discloses the access information comprises level authorization information (Rozen et al.; col. 4, lines 33-65).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the a plurality of physician terminals are interconnected with a central processing system which verifies the physician, patient and insurance company identifications with the access information comprises level authorization information with the motivation of insuring integrity and privacy of the information exchange (Rozen et al; col. 6, lines 9-11).

J. As per claim 36, Barber at al. discloses the method of claim 1.

Barber et al. fails to expressly teach the restricting access to the patient medical financial information based on the received patient access instructions per se, since it appears that Barber et al. is more directed to a plurality of physician terminals are interconnected with a central processing system which verifies the physician, patient and insurance company identifications (Barber et

al.; col. 1, lines 63-65 and col. 3, lines 51-53). However, this feature is well known in the art, as evidenced by Rozen et al.

In particular, Rozen et al. discloses the restricting access to the patient medical financial information based on the received patient access instructions (Rozen et al.; col. 4, lines 33-65).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the a plurality of physician terminals are interconnected with a central processing system which verifies the physician, patient and insurance company identifications with the restricting access to the patient medical financial information based on the received patient access instructions with the motivation of insuring integrity and privacy of the information exchange (Rozen et al; col. 6, lines 9-11).

K. As per claim 37, Barber et al. discloses the method of claim 1.

Barber et al. fails to expressly teach determining whether the access request corresponds with the patient access instructions comprises authenticating request with a third party certificate authority per se, since it appears that Barber et al. is more directed to a plurality of physician terminals are interconnected with a central processing system which verifies the physician, patient and insurance company identifications (Barber et al.; col. 1, lines 63-65

and col. 3, lines 51-53). However, this feature is well known in the art, as evidenced by Rozen et al.

In particular, Rozen et al. discloses determining whether the access request corresponds with the patient access instructions comprises authenticating request with a third party certificate authority (Rozen et al.; col. 4, lines 33-65).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the a plurality of physician terminals are interconnected with a central processing system which verifies the physician, patient and insurance company identifications with determining whether the access request corresponds with the patient access instructions comprises authenticating request with a third party certificate authority with the motivation of insuring integrity and privacy of the information exchange (Rozen et al; col. 6, lines 9-11).

4. As per claims 19-22 and 24-34, it is an article of manufacture claim which repeats the same limitations of claims 1-5 and 7-18, the corresponding method claims, as a collection of executable instructions stored on machine readable media as opposed to a series of process steps. Since the teachings of Barber et al. and Rozen et al disclose the underlying process steps that constitute the method of claims 1-5 and 7-18, it is respectfully submitted that they likewise disclose the executable instructions that

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perform the steps as well. As such, the limitations of claims 19-22 and 24-34, are rejected for the same reasons given above for claims 1-5 and 7-18.

5. As per claim 35, it is a system claim, which repeats the same limitations of claim 1, the corresponding method claim, as a collection of elements as opposed to a series of process steps. Since the teachings of Barber et al. and Rozen et al disclose the underlying process steps that constitute the methods of claim 1, it is respectfully submitted that it provides the underlying structural elements that perform the steps as well. As such, the limitations of claims 35 are rejected for the same reasons given above for claim 1.

2. Claim 6 is rejected under 35 U.S.C. 103(a) as being unpatentable over Barber et al. (U.S. Patent No. 4,858,121) and Rozen et al. (U.S. Patent No. 6,073,106) in further view of Riley (U.S. Patent Publication No. 2002/0077940 A1).

A. As per claim 6, Barber et al. discloses the method of claim 5.

Barber et al. and Rozen et al. both fail to expressly teach the patient readable format comprises a PC based home financial program from a group consisting of Quicken.RTM., TurboTax.RTM., MS Money.RTM., Peachtree Accounting.RTM. and QuickBooks.RTM, per se, since it appears that Barber et al. is more directed to processing the received data and formats it into the appropriate format for a medical claim. However, this feature is well known in the art, as evidenced by Riley

In particular, Riley discloses a readable format comprises a PC based home financial program from a group consisting of Quicken.RTM.,

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TurboTax.RTM., MS Money.RTM., Peachtree Accounting.RTM. and QuickBooks.RTM (Riley; par. 0023 and 0024).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the processing the received data and formats it into the appropriate format for a medical claim with the a readable format comprises a PC based home financial program from a group consisting of Quicken.RTM., TurboTax.RTM., MS Money.RTM., Peachtree Accounting.RTM. and QuickBooks.RTM with the motivation of Quicken.RTM. being a popular personal accounting program (Riley; par. 0023).

6. As per claim 23, it is an article of manufacture claim which repeats the same limitations of claim 6, the corresponding method claim, as a collection of executable instructions stored on machine readable media as opposed to a series of process steps. Since the teachings of Barber et al., Rozen et al and Riley disclose the underlying process steps that constitute the method of claim 6, it is respectfully submitted that they likewise disclose the executable instructions that perform the steps as well. As such, the limitations of claim 23 is rejected for the same reasons given above for claim 6.

Conclusion

7. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not used art teach "Medical information system" 4,893,270, "All care health management system" 5,301,105, "Medical data draft for tracking and evaluating medical treatment" 5,324,077, "Health support system"

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5,390,238, "Medical transaction system" 5,644,778, "Systems and methods for secure transaction management and electronic rights protection" 5,915,019, "System and method for remotely accessing user data records" 5,995,965. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Dilek

B. Cobanoglu whose telephone number is 571-272-8295. The examiner can normally be reached on 8-4:30.

8. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.


9. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

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03/08/2006


JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER